

Registration District No. 553

Primary Registration District No. 5746

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural, Marion Township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 51 yrs. 7 Mo. 3 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Marion Tph. Mercer County
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Cliff Cunningham

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 5, 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road, Section

11. Industry or business C.R.I. & P R.R. Co.

12. Name J.A. Cunningham

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Snyder

15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant J.A. Cunningham
(b) Address Mercer, Missouri

17. (a) Burial (b) Date thereof 3/9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Early, Mercer Co. Mo.

18. (a) Signature of funeral director O. D. Greenlee
(b) Address Lineville, Iowa

19. (a) Feb 8-1941 (b) S. R. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1941 hour 1:15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to Feb 7, 1941

that I last saw him alive on Feb 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. P. A. Marton, D.O. (or other) _____
Address Mercer, Mo. Date signed Feb 8

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5
30

65
30

OCT 13 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Ames L. Greenlee L. E. # 3967....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Q. O. Greenlee

Licensed Embalmer No. 872.....

P. O. Address Lineville Iowa.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.